Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper	work Reductio	n Act of 1995, no p	persons are required	to respond to a	collection of inf	ormation unles	ss it displays a vali	d OMB control	number.
Fees pursuant to the Cons	Complete if Known								
FEE TR	Application Number 10/60		10/608,	8,898					
1 -	Filing Date June 27,			7, 2003					
For	First Named Inventor W		William	A. Groll					
Applicant claims s	Examiner Name			John J. Zimmerman					
	Art Unit 1775 Attorney Docket No. 916-030-								
TOTAL AMOUNT OF PAYMENT (\$) 120 Attorney Docket No. 916-							0481	-	
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
Dèposit Account Deposit Account Number: 23-0650 Deposit Account Name									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 Credit any overpayments									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION	***			-	_				
1. BASIC FILING, SI				BBB0	EVALON	MIO) I DET	20		
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity									
Application Type			in Entity See (\$)			¥	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
					160	80			
Plant	200	100		150			-		
Reissue	300	150	500	250	600	300	-		
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity									
Fee Description Fach claim over 20 or, for Reissues, each claim over 20 and more than in the original patent									<u>Fee (\$)</u> 25
Access of the second se									100
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims									180
Total Claims Extra Claims Fee (S) Fee Paid (S) Multiple Depende									
17 - 20 or		0 x		0		Fee (S) Fee	Paid (\$)	
HP = highest number of t	otal claims pa	id for, if greater t	han 20		_				
Indep. Claims	Extr	a Claims	Fee (S)	Fee Paid (\$	ì				
7 - 7 or F		0 x		0					
HP = highest number of inde	pendent clain	ns paid for, if grea	nter than 3		_				
3. APPLICATION SI	ZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
B .								e\ 1	Zoo Boid (S)
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
-100 = / 50 = (round up to a whole number) x =									
··· · · · · · · · · · · · · · · · · ·									ee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)									
Other: Petition	for Extens	ion of Time							120
SUBMITTED BY									
Signature Sulfice Registration No. (Attorney/Agent) Telep								412-471-88	15
(Autoritey/Agent)							Date 01-10-2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NO SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.